VENTURA COUNTY
HEALTH CARE PLAN

Prior Authorization DRUG Guidelines

PLAVIX® (clopidogrel)

Effective Date: 10/27/05
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Clopidogrel is an antiplatelet agent. It blocks the ADP receptors, which prevent fibrinogen binding at that site and thereby reduce the possibility of platelet adhesion and aggregation. It reduces atherosclerotic events (myocardial infarction, stroke, vascular deaths) in patients with atherosclerosis documented by recent myocardial infarction (MI), recent stroke, or established peripheral arterial disease.

Pre-Authorization Criteria

Clopidogrel is used:

- for the prevention of thrombotic complications after coronary stenting for up to 12 months and for acute coronary syndrome (unstable angina or non-Q-wave MI).
- as an anti-platelet therapy for secondary prevention of stroke.
- as a mono-therapy or with Aspirin.
- for long term stroke prevention in patients who are intolerant of Aspirin.

VCHCP will authorize its use for patients with recent myocardial infarction, recent stroke if occurred while on aspirin or if unable to take aspirin, established peripheral artery disease or post coronary artery stenting.

DOSING: ADULTS

Recent MI, recent stroke, or established arterial disease: Oral: 75 mg once daily.

Acute coronary syndrome:

Unstable angina, non-ST-segment elevation myocardial infarction (UA/NSTEMI): Initial: 300 mg loading dose, followed by 75 mg once daily for at least 1 month and ideally up to 12 months (in combination with aspirin 75-162 mg once daily indefinitely) (Wright, 2011).

ST-segment elevation myocardial infarction (STEMI): 75 mg once daily (in combination with aspirin 162-325 mg initially followed by 81-162 mg/day). **Note:** CLARITY-TIMI 28 used a 300 mg loading dose (with thrombolysis) demonstrating an improvement in the patency rate of the infarct related artery and reduction in ischemic complications. The duration of therapy was 28 days (usually until hospital discharge) unless nonprimary percutaneous coronary intervention (PCI) was performed (Sabatine, 2005).

Duration of clopidogrel (in combination with aspirin) after stent placement: **Premature interruption of therapy may result in stent thrombosis with subsequent fatal and nonfatal MI.** With STEMI, clopidogrel for at least 12 months regardless of stent type (ie, either bare metal or drug eluting stent) is recommended (Kushner, 2009). With UA/NSTEMI, at least 12 months of clopidogrel is recommended in patients receiving a drug eluting stent (DES) unless the risk of bleeding outweighs the benefits. For bare metal stent (BMS) placement, at least 1 month and ideally up to 12 months duration is recommended.

Prevention of coronary artery bypass graft closure (saphenous vein): Aspirin-allergic patients (unlabeled use) [*Chest* guidelines, 2008]: Loading dose: 300 mg administered 6 hours following procedure; maintenance: 75 mg/day

MONITORING PARAMETERS — Signs of bleeding; hemoglobin and hematocrit periodically.

DRUG INTERACTIONS — Substrate (minor) of CYP1A2, 3A4; Inhibits CYP2C8/9 (weak). ,

PATIENT EDUCATION — Report any unusual or prolonged bleeding or fever; inform your prescriber before starting any new medications, changing your diet, or undergoing any procedures that may be associated with a risk of bleeding.

Although unlikely, serious bleeding in the stomach, gut, eyes, or brain may occur. Also, clopidogrel can rarely cause a very serious blood disorder (thrombotic thrombocytopenic purpura-TTP). Symptoms may appear any time after starting this medication. Get medical help right away if any of these symptoms occur: severe stomach/abdominal pain, uncontrolled bleeding from gums or nose, bloody/black stools, confusion, fever, extreme skin paleness, purple skin patches, fainting, fast heartbeat, sudden severe headache, unusual weakness/tiredness, vomit with blood or that looks like coffee grounds, slurred speech, vision changes, seizures, yellowing eyes/skin, bloody/red/pink/dark urine, change in amount of urine.

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